

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

AUG 28 1936

27647

1. PLACE OF DEATH

County Putnam
Township Liberty
City Y (No. St. Ward)

Registration District No. 720
Primary Registration District No. 5951

File No.
Registered No. 13

2. FULL NAME

Charity M. Allen

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isiah Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31-1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
90 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) Nov 1931 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know West Virginia

13. NAME Ven Dyke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know West Virginia

15. MAIDEN NAME Louisa Sayres

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know West Virginia

17. INFORMANT (ADDRESS) Willis, Allen Mendota, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friendship DATE 7-22 1936

19. UNDERTAKER (ADDRESS) Leah E Best Cincinnati, Ohio

20. FILED 8/8 1936 E. E. McCallan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1936

22. I HEREBY CERTIFY That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at 2-4 a.m.

The principal cause of death and related causes of importance were as follows:

Senility
1682

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Kluw Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) M. E. Hustel Commissioner
(Address) Monroe, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

